

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023555

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5211

Registrar's No. 66

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twn.		Length of stay in 1b 3 yrs	c. CITY OR TOWN Dawn Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Washington Twn. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle W. Last McBEE		4. DATE OF DEATH Month June Day 30 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS, OR INDUSTRY retired	9. AGE (last birthday) 71 yrs IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME John McBee		11b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. 0	
17. INFORMANT Mrs Zelma Smith, Dawn, Missouri		14. NAME OF HUSBAND OR WIFE deceased	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOTATATIC PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIO-RENAL DISEASE DUE TO (c) ARTERIO SCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:50 a.m. Month, Day, Year June 1/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Braymer, Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from June 1/63 to June 22/63 and last saw him alive on June 22/63 Death occurred at 2:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) DO		22b. ADDRESS Braymer, Mo	
22c. DATE SIGNED 7-1-63		23c. NAME OF CEMETERY OR CREMATORY McBee Chapel Cem.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-2-63	
23d. LOCATION (City, town, or county) Braymer, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Mead-Pitts, Braymer, Mo		25. DATE RECD. BY LOCAL REG. 7-4-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. (Licensed Embalmer's Statement on Reverse Side)	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No: _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bernard J. Neal

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

--[-] Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.